

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/10/05</u>		2 Serial/Patent # <u>10/081 050</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time			\$ 980,							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert. of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 980,								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>9</td><td>--</td><td>0</td><td>7</td><td>4</td><td>3</td></tr></table>		1	9	--	0	7	4	3
1	9	--	0	7	4	3					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<div style="font-family: cursive; font-size: 1.2em;">Extension of time period is over, no extension fee is due.</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Tervin Dingle</u>		TITLE: <u>Pharmac</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(571) 272-3210</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/11/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**